



**GEORGIA MEDICAID FEE-FOR-SERVICE
H2 ANTAGONISTS PA SUMMARY**

| Preferred | Non-Preferred |
|--|---|
| Cimetidine oral solution and tablets generic Famotidine tablets generic | Famotidine oral suspension generic Nizatidine capsules and oral solution generic |

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Famotidine Oral Suspension Generic

- ❖ Approvable for members who are unable to swallow solid oral dosage forms (i.e., capsules, tablets) or who require a dose that is unable to be obtained with famotidine tablets.

Nizatidine Capsules and Oral Solution Generic

- ❖ Approvable for members with renal impairment.
- ❖ Also for the capsules, approvable for members who have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to one of the preferred products, cimetidine or famotidine.
- ❖ Also for the oral solution, approvable for members who are unable to swallow solid oral dosage forms (i.e., capsules, tablets).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.